

MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES STATE PUBLIC HEALTH LABORATORY BREATH ALCOHOL PROGRAM

INTOX EC/IR II	MAINTENANCE	REPORT			REPORT #3
Complete this report at the time of	f the regular monthl	y preventive maint	enance check (not	to exceed 35	
days). Complete this report whenev	er the instrument is	serviced or repair	red and whenever i	t is placed	
into service. Retain the original	and send a copy with	in 15 days to the		ogram, DHSS.	
INTOX EC/IR II SN	NAME OF AGENCY		DATE OF INSPECTION		
12697	Foristell Police	e Depart	01/03/2025		
LOCATION OF INSTRUMENT (STREET AND CITY)		TIME OF INSPECTION		2
30 First Street Foristell, Mo	63348		02:08 CST		
CHECKLIST: Place a mark in the box	by each item if fou	nd to be satisfact	ory or is operatin	ng within	
established limits. (Write in obse	rved values where de	termined). Unmar	red items must be o	corrected	
before using instrument.					
X DIAGNOSTIC RECORD					
X BLANK CHECK		X CO2 CHECK			
X FC 1 TEMP		X FLOW CHECK			
X SRC TEMP		X FCB CHECK			
X DET TEMP		X CRC COMP CHE	CK		
X BT TEMP		X CRC CAL CHEC	K		
X STD 2 TEMP		X PRINT TEST			
X ETH CHECK					
	3777				
BREATH ANALYZER ACCURACY STAND	AKDS	COMPDERGED D	TITALIOT CAG MEXIMIT	D.E.	
SIMULATOR SOLUTION			THANOL-GAS MIXTU	9642011	
		LOT# AG420708		DATE 07/25/2	2026
SIMULATOR TEMP (34°C ±0.2°C)	SIM. S	SN	SIM. NIST EXP I	DATE	
X CALIBRATION CHECK - (ONLY ON	E STANDARD IS TO F	E USED PER MAIN	TENANCE REPORT)		
100 mm				k of the stan	dard value
	Run three tests using a standard solution. All three tests must be within ±5% of the standard value and must have a spread of .005 or less. Mark the box corresponding to the standard solution being				
used.		STANDED REPORT TO THE REPORT OF THE PROPERTY O			
0.10% STANDARD - MUST READ	BETWEEN 0.095% AN	ND 0.105% INCLUS	IVE		
X 0.08% STANDARD - MUST READ	BETWEEN 0.076% AN	ND 0.084% INCLUS	IVE		
0.04% STANDARD - MUST READ					
TEST 1 0.079 g/210L	TEST 2 😇 0.079	g/210L	TEST 3 = 0.07	9 g/210L	
INDICATE THE NUMBER OF BREATH	TESTS IN THE FOLLO	WING RANGES SIN	CE THE LAST MAIN	TENANCE REPOR	T:
REFUSALS 0 004 0	.0509 0	.1014 1	.1519 1	OVER .19	0
LIST ANY NEW PARTS AND DESCRIBE ANY AL			STORE THE INSTRUMENT	TO OPERATE	
SATISFACTORILY AND WITHIN ESTABLISHED	JIMITS (USE OTHER SIDE :	IF NECESSARY).			
INSPECTING OFFICER					
SIGNATURE	the leader of the late to the second	PRINT FULL NAME			
> 11/16		K Bartholmey			
	RATION DATE	TELEPHONE NUMBER			
230199 09/	07/2025	(636)463-212	3		
RETURN COMPLETED REPORT	TO THE.				
Breath Alcohol Program, Mis		of Health and	Senior Service	eg	
X=X	souri Department	OI HEAILII AIIC	PETITOT BELATC	CD,	
by mail, fax, or e-mail					



Airgas USA LLC (LAB) 3500 Bernard Street

St. Louis, Mo. 63103 Ph: (314) 533-3100 Fax: (314) 533-7328

Certificate of Analysis

Customer Name

Exclusive Supplier Intoximeters, Inc. 2081 Craig Road St. Louis, Mo 63146 Test Date: 25-Jul-2024

Lot # AG420708 Model 108

Exp Date 25-Jul-2026 Cyl. Type 108 Component

Certified Concentration

Ethanol

0.080 ± 0.002 BrAC (218 ppm)

Nitrogen

Certification Traceable to N.I.S.T. RGM and to CRM Ethanol Standards:

RGM Serial No.	Concentration	RGM Serial No.	Concentration
EB0010581	391.8 ppm	EB0010603	392.5 ppm
EB0010570	259.8 ppm	EB0010559	258.9 ppm
EB0010285	209.0 ppm	EB0010562	104.2 ppm
EB0010561	103.7 ppm	EB0010579	52.94 ppm
EB0010681	52.22 ppm		

CRM Serial No.	Concentration	CRM Serial No.	Concentration
CC727481	799.4 ppm	CC727493	389.8 ppm
CC727496	253.4 ppm	CC727498	150.2 ppm

Analytical Method: NDIR

Digitally signed by:Quality Control Reason:Dry gas standard certification of analysis Location:Airgas USA LLC (Lab) Date:07.25.2024 20:46

Approved for Release:

Yusef Woods

ISO 17025:2017 A2LA accredited. Certificate Number 3082.06 ISO 17034:2016 A2LA accredited. Certificate Number 3082.07



MO 580-0771 (6-10)

STATE OF MISSOURI

DEPARTMENT OF HEALTH AND SENIOR SERVICES **BREATH ALCOHOL PROGRAM**

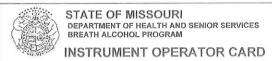


KYLE BARTHOLMEY

is hereby authorized to instruct and supervise operators, train instructors, inspect, calibrate, perform field service and repairs, and operate the following breath analyzer(s):

INTOX EC/IR II

for the determination of the alcoholic content of blood 577.020 through 577.041, RSMo and 306.111 throu	d from a sample of expired air. Permit issued under the provisions of sections gh 306.119 RSMo.
DATE9/16/2021	Laura G. Way
	DIRECTOR OF STATE PUBLIC HEALTH LABORATORY
NUMBER 210217	Donal S. Kamen
EXPIRES 9/16/2023	
10 VO	DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES LAB-4 (R6-10)
AO 580-0771 (6-10)	court (no ra)



The named cardholder is authorized to operate an evidential breath alcohol instrument for the determination of the alcoholic content in breath form of expired air in Missouri

Operator BARTHOLMEY, KYLE

Permit No 210217

Date Issued 9/16/2021 Date Expires 9/16/2023

